\$910

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known						
				ation Number	09/993,670	09/993,670				
FEE TRANSMITTAL				ing Date November 27, 2001		5				
for FY 2005				First Named Inventor Song Han		AUG 17 2005 8				
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Dhairya A. Pate		B. A.C.				
			Art Un	Art Unit 2151 RADEMARY		RADEMARK				
TOTAL AMOUNT OF PAYMENT		(\$) 910	Attorn	ey Docket No.	19111.0053	19111.0053				
METHOD OF PAYMENT (check all that apply)										
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :										
1		-	_	_		r Berlin LLP				
Deposit Account Deposit Account Number: 19-5127 Deposit Account Name: Swidler Berlin LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below										
Charge any additional fee(s) or underpayments of fee(s)										
Under 37 CFR 1.16 and 1.17										
WARNING: Information on the information and authorization			rd informati	ion should not b	pe included on this fo	rm. Provide cre	edit card			
FEE CALCULATION	0.1 - 10-2	<u></u>	•							
1. BASIC FILING, SE	ARCH AL	ND EXAMINATION EF	ES							
I. BASIC FILING, SE	FILING		SEARCH	I FEES	EXAMINA	TION FEES				
		Small Entity		Small Entit		mall Entity				
Application Type	<u>Fee (\$)</u>		<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	Fees Paid (\$)			
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM FE	EES						Small Entity			
Fee Description	1 " B					Fee (\$)	Fee (\$)			
Each claim over 20 (in Each independent clair						50 200	25 100			
Multiple dependent cla		(merading recissues)				360	180			
Total Claims		Claims Fee(\$)	<u>Fe</u>	e Paid (\$)		Multiple	Dependent Claims			
20 or HP	'=	x	=			Fee (\$)	Fee Paid (\$)			
HP = highest number of	total claims	paid for, if greater than 20.								
Indep. Claims	<u>Extra</u>	Claims Fee(\$)	<u>Fe</u>	e Paid (\$)						
3 or HP		_ x	= _							
•		nt claims paid for, if greater th	an 3.							
3. APPLICATION SIZE										
		xceed 100 sheets of pape					J 50			
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets					r fraction thereof	f <u>Fee (\$)</u>	Fee Paid (\$)			
	=			to a whole n			=			
4. OTHER FEE(S)					•		Fees Paid (\$)			
	ecification	, \$130 fee (no small entit	ty discount	t)						

SUBMITTED BY				
Signature	Muhwell. hlumy	Registration No. (Attorney/Agent) 40,161	Telephone	(202) 424-7500
Name (Print/Type)	Michael A. Schwartz		Date	August 17, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Other (e.g., late filing surcharge): Request for Continued Examination (\$790) and Petition for 1 month extension (\$120)